

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09935058

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	3					
TOTAL DEP.	17	↓	↔	↓	↔	↓
TOTAL CLAIMS	20	████	████	████	████	████

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.		↓	↔	↓	↔	↓
TOTAL CLAIMS		████	████	████	████	████

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS